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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS	
Activity Account	Band	
External Support/Booster Organization		
Name of Fundraiser	Harvest Fest	
Sponsor	Calvin Warren III	
Date Submitted	8/8/2014	

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
To raise funds for equipment, uniform upkeep, and other student needs of the TCCHS Band.

Items to be sold:  
Cotton Candy, Candy, Water, Sodas, Hamburgers, Hotdogs, etc.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
TCCHS Rebel Band.

Date(s) scheduled:  
Oct-14

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler, and Sue England.

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved BAND		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
BAND		
Coaches Signature (corresponding sport)	8/8/2014	
	Date	

Circle One:

Approved

Not Approved

  
Principal

Date

8/22/14  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

*140*

School	TCHS
Activity Account	Baseball
External Support/Booster Organization	
Name of Fundraiser	Bench Press Competition
Sponsor	Matt Baker
Date Submitted	8/29/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 The funds raised will be used for field maintenance.

Items to be sold:  
 \$5.00 entry fee for participants

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 baseball program

Date(s) scheduled:  
 October 4 (during HarvestFest) *2014*

Names of adult supervisors at activity (chaperones, custodians, etc.):  
 Matt Baker  
 Lucian Moore

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved: baseball		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<i>[Signature]</i>	<i>8/29/14</i>	
Coaches Signature (corresponding sport)	Date	

Circle One:                      Approved                      Not Approved

*[Signature]*  
 Principal

Date  
*8/29/14*  
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>BOY'S BASKETBALL</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>BASKETBALL CAMP</b>
<b>Sponsor</b>	<b>BOY'S BASKETBALL</b>
<b>Date Submitted</b>	<b>8/15/2014</b>

**Purpose of fundraising activity:**

**TO RAISE FUNDS FOR BOY'S BASKETBALL TO BE USED FOR EQUIPMENT, MEALS, SNACKS, CLOTHING, TRAVEL, GAMES, ETC.**

**Items to be sold:**

**CONCESSIONS AND POSSIBLE SPIRIT ITEMS**

**Beneficiary of fundraising activity:**

**TCCHS BOY'S BASKETBALL**

**Date(s) scheduled:**

**FALL 2014 AND/OR FOLLOWING END OF SCHOOL YEAR**

**Names of adult supervisors at activity (chaperones, custodians, etc.):**

**COACHES AND PARENTS**

**Athletic Fundraiser**

Yes ☒ No ☐

**If yes, sport involvec BOY'S BASKETBALL**

**Corresponding sport participating in fundraiser?**

Yes ☒ No ☐

**Coaches Signature (corresponding sport)**

**Date**

**Circle One:**

**Approved**

**Not Approved**

**Principal**

**Date**

**Date**

**SBDM Council (If Council Policy)**

**Date**

**Superintendent (If School-Wide Fundraiser)**

**Date**



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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	BOY'S BASKETBALL
External Support/Booster Organization	
Name of Fundraiser	CHILI SUPPER
Sponsor	BOY'S BASKETBALL
Date Submitted	8/15/2014

Purpose of fundraising activity:

TO RAISE FUNDS FOR BOY'S BASKETBALL TO BE USED FOR EQUIPMENT, MEALS, SNACKS, CLOTHING, TRAVEL, GAMES ETC.

Items to be sold:

CHILI, SOUP, SOFTDRINKS, WATER ETC.

Beneficiary of fundraising activity:

TCCHS BOY'S BASKETBALL TEAM

Date(s) scheduled:

FALL 2014 AND/OR SPRING 2015

Names of adult supervisors at activity (chaperones, custodians, etc.):

COACHES AND PARENTS

Athletic Fundraiser

If yes, sport involves BOY'S BASKETBALL

Yes

☒

No

☐

Corresponding sport participating in fundraiser?

Yes

☒

No

☐

Coaches Signature (corresponding sport)

Date

Circle One:

Approved

Not Approved

Date

Principal

Date

SBDM Council (If Council Policy)

Date

Superintendent (If School-Wide Fundraiser)

Date

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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	BOY'S BASKETBALL
External Support/Booster Organization	
Name of Fundraiser	LETTER/DONATION CAMPAIGN
Sponsor	BOY'S BASKETBALL
Date Submitted	8/14/2014

Purpose of fundraising activity:

TO RAISE FUNDS FOR BOY'S BASKETBALL TO BE USED FOR EQUIPMENT, MEALS, SNACKS, CLOTHING, TRAVEL, GAMES, ETC.

Items to be sold:

DONATIONS WILL BE ACCEPTED

Beneficiary of fundraising activity:

TCCHS BOY'S BASKETBALL TEAM

Date(s) scheduled:

FALL 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):

KEVIN HARRIS AND COACHES

Athletic Fundraiser

Yes ☒ No ☐

If yes, sport involvec BOY'S BASKETBALL

Corresponding sport participating in fundraiser?

Yes ☒ No ☐

Coaches Signature (corresponding sport)

Date

Circle One:

Approved

Not Approved

Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent (If School-Wide Fundraiser)

Date

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

School	Todd County Central High School
Activity Account	Girl's Basketball / Volleyball
External Support/Booster Organization	Girl's Basketball Boosters / Volleyball Boosters
Name of Fundraiser	Concessions at Cornerstone Farm Auction
Sponsor	Steven McGhee / Sarah Penick
Date Submitted	9/2/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)

Volleyball - Trips to games, practice gear, camps  
 Girl's Basketball - Shoes for players, travel suits, t-shirts, camp

Items to be sold:

Soft drinks, candy, pork chop sandwiches, chicken, chips, baked goods

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)

Volleyball and Girl's Basketball

Date(s) scheduled:

4-Nov - 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):

Steven McGhee

Sarah Penick

Athletic Fundraiser

Yes ☒ No ☐

If yes, sport involved: Girl's Basketball and Volleyball

Corresponding sport participating in fundraiser?

Yes ☒ No ☐

*Steven McGhee* *Sarah Penick*

Coaches Signature (corresponding sport) Steven McGhee Sarah Penick

Date ###

Circle One:

Approved

Not Approved

*John R...*  
Principal

Date 9/3/14  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

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School	TCHS
Activity Account	# 73 Girls Basketball Boosters
External Support/Booster Organization	
Name of Fundraiser	Mother/Daughter Tea
Sponsor	Girls Basketball
Date Submitted	8/15/2014


Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 Raise money to help pay for camps for the players

Items to be sold:  
 T-Shirts, Pictures, Registration Fee

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 TCHS Girls Basketball

Date(s) scheduled:  
 May 2015

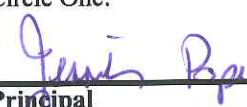
Names of adult supervisors at activity (chaperones, custodians, etc.):  
 Coach McGhee, Coach Simons, Lori Carver, Bridget Robinson, Diane Hampton

Athletic Fundraiser	TCHS Girls Basketball	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, sport involved:		Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Corresponding sport participating in fundraiser?					
Coaches Signature (corresponding sport)		Date 8-15-14			

Circle One:

Approved

Not Approved

  
 Principal

Date

8/22/14

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date



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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	# 73 Girls Basketball Boosters
External Support/Booster Organization	
Name of Fundraiser	Run for the Rebels 5K
Sponsor	Girls Basketball
Date Submitted	8/15/2014

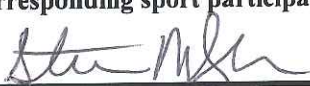
Purpose of fundraising activity: (What will the funds be used for? Be specific)  
Raise money for uniforms, shoes, shirts

Items to be sold:  
Participation Shirts, Registration Fee, Sponsorships


Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
TCCHS Girls Basketball

Date(s) scheduled:  
October 11th or October 18th , 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Coach McGhee, Coach Simons, Lori Carver, Bridget Robinson, Diane Hampton

Athletic Fundraiser TCCHS Girls Basketball	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Corresponding sport participating in fundraiser?		
	8-15-14	
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved

  
Principal

Date  
8/22/14  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date



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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCHS
Activity Account	# 73 Girls Basketball Boosters
External Support/Booster Organization	
Name of Fundraiser	T-Shirt Sales
Sponsor	Girls Basketball
Date Submitted	8/15/2014

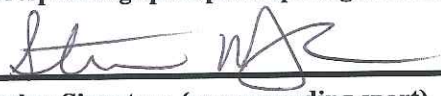
Purpose of fundraising activity: (What will the funds be used for? Be specific)  
Raise money for uniforms, shoes, shirts

Items to be sold:  
T-shirts, Sweatshirts, Shorts, and other spirit items

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
TCHS Girls Basketball

Date(s) scheduled:  
Oct - Nov. 2014


Names of adult supervisors at activity (chaperones, custodians, etc.):  
Coach McGhee, Coach Simons, Lori Carver, Bridget Robinson, Diane Hampton

Athletic Fundraiser	TCHS Girls Basketball	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, sport involved:		Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Corresponding sport participating in fundraiser?		8-15-14			
					
Coaches Signature (corresponding sport)		Date			

Circle One:

Approved

Not Approved

  
Principal

Date

8/22/14  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

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School	TCHS
Activity Account	Pep Club / Spirit Store
External Support/Booster Organization	
Name of Fundraiser	Spirit Items
Sponsor	Michelle Rager/Heather Hurt
Date Submitted	08/29/14

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
 The funds will be used for the pep club to be able to make posters / signs / banners for different teams throughout the year. The funds will also be used to make goodie / treat bags to give to players throughout the year.

**Items to be sold:**  
 Shakers, towels, foam fingers, face stickers, face paint, special items during special times for example: homecoming, district tournaments, etc.

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
 All TCHS students with a focus on athletes.

**Date(s) scheduled:**  
 Periodically throughout the 2014 - 2015 school year.

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
 Michelle Rager / Heather Hurt

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Coaches Signature (corresponding sport)		Date

Circle One: Approved Not Approved

  
 Principal

Date  
 8/29/14

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

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School	TCCHS
Activity Account	#39 PTO
External Support/Booster Organization	
Name of Fundraiser	Sponsor a Jock
Sponsor	TCCHS PTO
Date Submitted	26-Aug-14

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
To raise funds to assist with student needs and eventually repair the audio/video issues in the auditorium.

**Items to be sold:**  
Dance Team and Cheerleaders will sponsor a jock for the Womanless Review. Donations will be accepted.

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
TCCHS students

**Date(s) scheduled:**  
Late October through the date of event.

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
Faye Turnbaugh  
Doris Kelly  
Cherie Morris  
Janet Smith

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Coaches Signature (corresponding sport)	Date	

Circle One:                      **Approved**                      **Not Approved**

Jennifer Rye  
Principal

Date  
8/27/14  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date



JTB

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	#39 PTO
External Support/Booster Organization	
Name of Fundraiser	Womanless Beauty Review
Sponsor	TCCHS PTO
Date Submitted	26-Aug-14

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
To raise funds to assist with student needs and eventually repair the audio/video issues in the auditorium.

Items to be sold:  
Admission to the Review, possibly concessions.

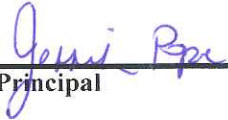
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
TCCHS students

Date(s) scheduled:  
Early November 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Faye Turnbaugh  
Doris Kelly  
Cherie Morris  
Janet Smith

Athletic Fundraiser	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If yes, sport involved:				
Corresponding sport participating in fundraiser?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Coaches Signature (corresponding sport)			Date	

Circle One:                      Approved                      Not Approved

  
Principal

Date  
8/27/14  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date



✓  
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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	39
External Support/Booster Organization	TCCHS PTO
Name of Fundraiser	Max Graphics Decals
Sponsor	TCCHS PTO
Date Submitted	21-Aug-14

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
obtain monies to be used for parking tag supplies and other student needs that may arise.

Items to be sold:  
decals

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
TCCHS teachers, staff and students

Date(s) scheduled:  
throughout the 2014 - 2015 school year

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Faye Turnbaugh, President TCCHS PTO  
Doris Kelly, TCCHS PTO  
Cherie Morris, TCCHS PTO  
Janet Smith, TCCHS PTO

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Coaches Signature (corresponding sport)	Date	

Circle One:

Approved

Not Approved

Principal

Date  
8/22/14  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	PTO #39
External Support/Booster Organization	
Name of Fundraiser	Supplies/Donations
Sponsor	TCCHS PTO Officers
Date Submitted	8-Aug-14

Purpose of fundraising activity: (What will the funds be used for? Be specific)

Donated supplies will be given to TCCHS staff and/or students

Donations will be accepted to assist with student/parent needs/programs during the school year

Items to be sold:

Donated school supplies will be distributed to TCCHS staff and/or students as needed

Donations accepted

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

TCCHS Students, parents and staff

Date(s) scheduled:

After approval and throughout the 2014-2015 school year

Names of adult supervisors at activity (chaperones, custodians, etc.):

Faye Turnvbaugh

Doris Kelly

Janet Smith

Cherie Morris

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Coaches Signature (corresponding sport)	Date	

Circle One:

Approved

Not Approved

Principal

Date

8/8/14

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

Scanned  
to M. Althaus  
8-8-14

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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>Softball Boosters</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Concession stand</b>
<b>Sponsor</b>	<b>Leigh Ellen Bristow</b>
<b>Date Submitted</b>	<b>8/28/14</b>

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
**Money will be used for game balls, tournament fees, food for players, purchasing softball equipment and any other expenses for the softball season**

**Items to be sold:**  
**Concession stand during softball home games/tournament....food items such as hotdogs, nachos, popcorn, candy, drinks, hamburgers, hot chocolate, sunflower seeds and other food items**

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
**TCCHS Softball**

**Date(s) scheduled:**  
**Softball Season - March - May 2015**

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
**Leigh Ellen Bristow and Craig Bristow**

<b>Athletic Fundraiser</b>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<b>If yes, sport involved: Softball</b>				
<b>Corresponding sport participating in fundraiser?</b>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<i>Leigh Ellen Bristow</i>				
<b>Coaches Signature (corresponding sport)</b>	<b>Date</b>			

Circle One:                      **Approved**                      **Not Approved**

<i>Janell R...</i>	<b>Date</b> <b>8/29/14</b>
<b>Principal</b>	<b>Date</b>

<b>SBDM Council (If Council Policy)</b>	<b>Date</b>
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<b>Superintendent</b>	<b>Date</b>
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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>Softball Boosters</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Softball Camp</b>
<b>Sponsor</b>	<b>Leigh Ellen Bristow</b>
<b>Date Submitted</b>	<b>8/28/14</b>

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
**Money will be used for game balls, tournament fees, food for players, purchasing softball equipment and any other expenses for the softball season**

**Items to be sold:**  
**Host softball camp for girls through 8th grade, registration fee, t-shirts**

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
**TCCHS Softball**

**Date(s) scheduled:**  
**May-15**

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
**Leigh Ellen Bristow and Craig Bristow**

<b>Athletic Fundraiser</b> If yes, sport involved: <b>Softball</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Corresponding sport participating in fundraiser?</b> <i>Leigh Ellen Bristow</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Coaches Signature (corresponding sport)</b>	<b>Date</b>

Circle One:                      **Approved**                      **Not Approved**

<i>Jenni Bpe</i> <b>Principal</b>	<b>Date</b> <b>8/29/14</b>
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<b>SBDM Council (If Council Policy)</b>	<b>Date</b>
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<b>Superintendent</b>	<b>Date</b>
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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

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School	TCCHS
Activity Account	Softball Boosters
External Support/Booster Organization	
Name of Fundraiser	Softball Tournament
Sponsor	Leigh Ellen Bristow
Date Submitted	8/28/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 Money will be used for game balls, tournament fees, food for players, purchasing softball equipment and any other expenses for the softball season

Items to be sold:  
 Host Softball tournament at TCCHS, entry fees, t-shirt sales, gate, concessions

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 TCCHS Softball

Date(s) scheduled:  
 During softball season - March 2015 - May 2015

Names of adult supervisors at activity (chaperones, custodians, etc.):  
 Leigh Ellen Bristow and Craig Bristow

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved: Softball		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<i>Leigh Ellen Bristow</i>		
Coaches Signature (corresponding sport)	Date	

Circle One:                      Approved                      Not Approved

*James R.*                      Date *8/29/14*

Principal                      Date

SBDM Council (If Council Policy)                      Date

Superintendent                      Date

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SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

School	TCCHS
Activity Account	Softball Boosters
External Support/Booster Organization	
Name of Fundraiser	Donation Letters
Sponsor	Leigh Ellen Bristow
Date Submitted	8/28/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
Money will be used for game balls, tournament fees, food for players, purchasing softball equipment and any other expenses for the softball season

Items to be sold:  
Send out donation letters requesting donations from businesses and individuals

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
TCCHS Softball

Date(s) scheduled:  
January 2015 - February 2015

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Leigh Ellen Bristow and Craig Bristow

Athletic Fundraiser	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, sport involved: Softball				
Corresponding sport participating in fundraiser?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<i>Leigh Ellen Bristow</i>				
Coaches Signature (corresponding sport)				Date

Circle One:                      Approved                      Not Approved

*Jessie B...*                      Date *8/29/14*  
Principal                      Date

SBDM Council (If Council Policy)                      Date

Superintendent                      Date

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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Softball Boosters
External Support/Booster Organization	
Name of Fundraiser	Meat Sales
Sponsor	Leigh Ellen Bristow
Date Submitted	8/28/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
Money will be used for game balls, tournament fees, food for players, purchasing softball equipment and any other expenses for the softball season

Items to be sold:  
Boston Butt and Ribs - presale for meat items

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
TCCHS Softball

Date(s) scheduled:  
February 2015 - March 2015

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Leigh Ellen Bristow and Craig Bristow

Athletic Fundraiser	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, sport involved: Softball				
Corresponding sport participating in fundraiser?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<i>Leigh Ellen Bristow</i>				
Coaches Signature (corresponding sport)				Date

Circle One:                      Approved                      Not Approved

*Jessie R...*                      Date *8/29/14*  
Principal                      Date

SBDM Council (If Council Policy)                      Date

Superintendent                      Date



1/10

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Softball Boosters
External Support/Booster Organization	
Name of Fundraiser	Tumbler Sales
Sponsor	Leigh Ellen Bristow
Date Submitted	8/28/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
Money will be used for game balls, tournament fees, food for players, purchasing softball equipment and any other expenses for the softball season

Items to be sold:  
Tumbler (cups with a top) with the school logo

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
TCCHS Softball

Date(s) scheduled:  
October 2014 - February 2015

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Leigh Ellen Bristow and Craig Bristow

Athletic Fundraiser	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, sport involved: Softball				
Corresponding sport participating in fundraiser?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<i>Leigh Ellen Bristow</i>				
Coaches Signature (corresponding sport)				Date

Circle One:                      Approved                      Not Approved

<i>Kevin Pape</i>	Date
Principal	8/29/14
	Date

SBDM Council (If Council Policy)	Date
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Superintendent	Date
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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Student Council
External Support/Booster Organization	
Name of Fundraiser	Angel Tree
Sponsor	Bristow
Date Submitted	8/7/2014

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 Funds will be used for gifts for children and families on the Angel Tree.

Items to be sold:  
 N/A - Students will collect change

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 TCCHS students and families in need

Date(s) scheduled:  
 1-Dec-14

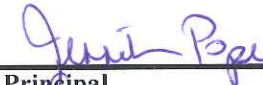
Names of adult supervisors at activity (chaperones, custodians, etc.):  
 L. Bristow, S. McGhee

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Coaches Signature (corresponding sport)		Date

Circle One:

Approved

Not Approved

  
 Principal

Date

8/22/14  
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Student Council
External Support/Booster Organization	
Name of Fundraiser	Homecoming Dance
Sponsor	Bristow
Date Submitted	8/7/2014

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 Funds from the homecoming dance are used for activities for students at TCCHS such as Battle of the Classes.  
 Funds can also help purchase items that can be used by the whole student body.

Items to be sold:  
 Tickets to the dance

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 Student Council, TCCHS Student Body

Date(s) scheduled:  
 October TBA

Names of adult supervisors at activity (chaperones, custodians, etc.):  
 L. Bristow, J. Pope, T. Wood, M. Baker

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Coaches Signature (corresponding sport)	Date	

Circle One:

Approved

Not Approved

Jessie Pope  
 Principal

Date  
8/22/14  
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date



✓  
JTB

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Student Council
External Support/Booster Organization	
Name of Fundraiser	Snow Ball
Sponsor	Bristow
Date Submitted	8/7/2014

Purpose of fundraising activity: (What will the funds be used for? Be specific)

Funds will be used for activities for the TCCHS student body such as Battle of the Classes.

Funds can also be used to purchase items the whole student body could use.

Items to be sold:

Tickets to the Dance

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)

Student Council Members and TCCHS student body

Date(s) scheduled:

1-Feb-15

Names of adult supervisors at activity (chaperones, custodians, etc.):

L. Bristow, S. McGhee, J. Pope, M. Baker, T. Wood

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Coaches Signature (corresponding sport)	Date	

Circle One:

Approved

Not Approved

Jessie Pope  
Principal

Date

8/22/14  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date



**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

✓  
JTB

<b>School</b>	Todd County Central High School
<b>Activity Account</b>	Youth Services Center
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	Hygiene Drive/New Items
<b>Sponsor</b>	Kelli Templeman/YSC Staff
<b>Date Submitted</b>	8/11/2014

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
 To collect hygiene items for students & families in need to include Christmas Angel families and for students and families in crisis/emergency situations.

**Items to be sold:**  
 Donations will be accepted, especially other than listed above.

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
 Youth Services Center to use for students and families as needed.

**Date(s) scheduled:**  
 October 27-November 14th 2014

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
 Kelli Templeman and YSC Staff

<b>Athletic Fundraiser</b> If yes, sport involved:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<b>Corresponding sport participating in fundraiser?</b> Kelli Templeman	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<b>Coaches Signature (corresponding sport)</b>	## Date		

Circle One:

Approved

Not Approved

Jerrin Bae

Principal

Date

8/22/14

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

✓  
JD

<b>School</b>	Todd County Central High School
<b>Activity Account</b>	Youth Services Center High School Account
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	Salvavidas Training Agency
<b>Sponsor</b>	Kelli Templeman/Maurice Weatherspoon
<b>Date Submitted</b>	8/11/2014

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
 To teach/certify all students taking P.E./Health in CPR and first aid by the American Heart Association training guidelines. Salvavidas Training Agency will train all students during their class for one day.

**Items to be sold:**  
**Donations will be accepted**

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
 Salvavidas Training Agency/Maurice Weatherspoon and TCCHS student body

**Date(s) scheduled:**  
 November 13th 2014

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
 Maurice Weatherspoon, Daran Wall

<b>Athletic Fundraiser</b> If yes, sport involved:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<b>Corresponding sport participating in fundraiser?</b> Kelli Templeman	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<b>Coaches Signature (corresponding sport)</b>	## _____ Date		

Circle One: Approved      Not Approved

Jessie Bae  
 Principal

**Date**  
8/22/14  
 Date

\_\_\_\_\_  
 SBDM Council (If Council Policy)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Superintendent

\_\_\_\_\_  
 Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	Todd County Central High School
<b>Activity Account</b>	Youth Services Center
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	Christmas Angel Program
<b>Sponsor</b>	Kelli Templeman
<b>Date Submitted</b>	8/11/2014

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
 To raise funds for Christmas Angel Program for angel families in 2014. The Youth Services Center Coordinator is requesting to have a staff jean week on October 20-24 and again on November 17-25, 2014. Staff will be able to wear jeans during this mentioned days during the school day as part of the fundraiser. \$7 for October if wearing jeans all week or \$2 per day; \$10 for November days or \$2/day.

**Items to be sold:**  
 Donations will be accepted, especially other than listed above.

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
 Youth Services Center to use funds for Christmas Angel program purchases for students and families as needed.

**Date(s) scheduled:**  
 October 20-24, 2014 and November 17-25, 2014

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
 Kelli Templeman and Ramona Taylor for finance

<b>Athletic Fundraiser</b> If yes, sport involved:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<b>Corresponding sport participating in fundraiser?</b> Kelli Templeman	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	##
<b>Coaches Signature (corresponding sport)</b>	<b>Date</b>		

Circle One:

Approved

Not Approved

Jennifer B...  
 Principal

Date

8/22/14

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date